

MONTANA LEGISLATIVE HISTORY

BEST COPY
AVAILABLEChapter 484 19 89Bill H 437 S _____ Original bill & history CH. Committee on Business & Economic Develop-
mentHearing Date(s) Feb 16 ☒ C

_____ C

_____ C

_____ C

Date Out Feb 16 ☒ CS. Committee on Public Health Welfare & SafetyHearing Date(s) Mar 10 ☒ C

_____ C

_____ C

_____ C

Mar 13 ☒ CDid this bill originate in an interim committee? Yes No

Committee _____

Report _____

HOUSE FINAL STATUS

RETURNED TO HOUSE

3/21 SIGNED BY SPEAKER

3/22 SIGNED BY PRESIDENT

3/22 TRANSMITTED TO GOVERNOR

3/27 SIGNED BY GOVERNOR

CHAPTER NUMBER 341 EFFECTIVE DATE: 3/27/89

HB 435 INTRODUCED BY GIACOMETTO, ET AL.
ALLOW COUNTY ELECTORS TO REMOVE TAX FREEZE FOR
TAXING UNITS IN COUNTY

1/26 INTRODUCED

1/26 REFERRED TO TAXATION

2/03 HEARING

3/10 TABLED IN COMMITTEE

HB 436 INTRODUCED BY GOULD
ALLOW RURAL FIRE DISTRICT TO CONTRACT WITH PRIVATE
PARTIES WITHIN CITY LIMITS

1/26 INTRODUCED

1/26 REFERRED TO LOCAL GOVERNMENT

2/07 HEARING

2/08 COMMITTEE REPORT--BILL NOT PASSED

2/09 ADVERSE COMMITTEE REPORT ADOPTED 78 18

HB 437 INTRODUCED BY GOULD, ET AL.
REVISE SCOPE OF PODIATRY PRACTICE

1/26 INTRODUCED

1/26 REFERRED TO BUSINESS & ECONOMIC DEVELOPMENT

2/16 HEARING

2/16 COMMITTEE REPORT--BILL PASSED

2/18 2ND READING PASSED 95 1

2/21 3RD READING PASSED 97 0

TRANSMITTED TO SENATE

2/28 REFERRED TO PUBLIC HEALTH, WELFARE & SAFETY

3/10 HEARING

3/13 COMMITTEE REPORT--BILL CONCURRED AS AMENDED

3/14 2ND READING CONCURRED 48 0

3/16 3RD READING CONCURRED 47 1

RETURNED TO HOUSE WITH AMENDMENTS

3/30 2ND READING AMENDMENTS CONCURRED 99 0

3/31 3RD READING AMENDMENTS CONCURRED 98 0

4/06 SIGNED BY SPEAKER

4/06 SIGNED BY PRESIDENT

4/07 TRANSMITTED TO GOVERNOR

4/10 SIGNED BY GOVERNOR

CHAPTER NUMBER 484 EFFECTIVE DATE: 10/01/89

HB 438 INTRODUCED BY GOULD, ET AL.
EXTEND HOSPITAL STAFF PRIVILEGES TO OSTEOPATHS AND
PODIATRISTS

1/26 INTRODUCED

1/26 REFERRED TO BUSINESS & ECONOMIC DEVELOPMENT

endorsing. Rep. Blotkamp thought the newspapers should let the candidate know when an editorial is going to be published and the candidate could have his answer to the editorial published along with the editorial.

Closing by Sponsor: Rep. Whalen said there is a problem. Mr. Voeller said his newspaper allows the candidate the right to respond, if they allow the candidate this right, they should not object to this bill. All this bill does is take away the absolute discretion that the news media has right now to decide whether or not an individual has the right to respond. It ensures that the response is right there with the initial statement made about the unendorsed candidate.

HEARING ON HOUSE BILLS 437 & 438

Presentation and Opening Statement by Sponsor:

Rep. Gould, House District 61, Missoula. He explained why he introduced these bills at the request of podiatrists. He has been a diabetic for 40 years, the incidence of diabetics who lose their feet is astronomical. So, foot health is tremendously important to these people and to myself. I think, that after being a diabetic for 40 years, that I am able to stand here on my own two feet is quite important. The one thing you have to keep in mind, and that is very important, is that there are over 40,000 diabetics in the state of Montana.

Testifying Proponents and Who They Represent:

Rick Tucker, Montana Podiatrist Association
Dr. Loren Rogers, Missoula
Dr. James Clough, Great Falls
Mona Jamison, MT Chapter Physical Therapists Assoc., Helena
Dr. Charles Jennings, Great Falls
Dr. Cleveland Smith, Helena
Dr. David Huebner, Great Falls
Dr. Scott DeMars, Billings
Dr. Mathias Fettig, Billings
Jerry Loendorf, MT Medical Association
Jim Ahrens, President, MT Hospital Assoc., Helena

Proponent Testimony:

See exhibit 1 and 2 for Dr. Rogers's testimony to HB 437 and 438.

See exhibit 4 for Dr. Clough's written testimony to HB 437.

See exhibit 3 for Dr. Jennings's written testimony to both bills.

See exhibit 5 for Dr. Smith's testimony to both bills.

See exhibit 6 for Dr. Huebner's written testimony to HB 437.

See exhibit 7 for Dr. DeMars's written testimony to HB 437.

See exhibit 8 for Dr. Fettig's written testimony to HB 437.

See exhibit 1, 2, and 3 for Dr. Rogers's testimony to HB 438.

See exhibit 4 for Dr. Clough's written testimony to HB 438

See exhibit 5 for Dr. Fettig's written testimony to HB 438.

See exhibit 6 for Dr. DeMars's written testimony to HB 438.

See exhibit 7 for Dr. Huebner's written testimony to HB 438.

Ms. Jamison stated that the physical therapists want to go on record in support of HB 437.

Mr. Loendorf stated that in regard to the amendment mentioned by Rep. Gould, we support that amendment and the bills.

Mr Ahrens stated that his association supports the amendment to HB 438. This makes it a much better bill.

Testifying Opponents and Who They Represent:

None

Opponent Testimony:

None

Questions From Committee Members: None

Closing by Sponsor: Rep. Gould said on behalf of himself and the other 40,000 diabetics I ask your favorable vote for these bills.

DISPOSITION OF HOUSE BILL 437

Motion: Rep. Bachini moved DO PASS.

Amendments, Discussion, and Votes: None

Recommendation and Vote: HB 437 DO PASS unanimously.

DAILY ROLL CALL
BUSINESS & ECONOMIC DEVELOPMENT COMMITTEE

51th LEGISLATIVE SESSION -- 1989

Date 2 16 89

NAME	PRESENT	ABSENT	EXCUSED
PAVLOVICH, BOB	✓		
DeMARS, GENE	✓		
BACHINI, BOB	✓		
BLOTKAMP, ROB	✓		
HANSEN, STELLA JEAN	✓		
JOHNSON, JOHN	✓		
KILPATRICK, TOM	✓		
McCORMICK, LLOYD "MAC"	✓		
STEPPLER, DON	✓		
GLASER, BILL	✓		
KELLER, VERNON	✓		
NELSON, THOMAS	✓		
SIMON, BRUCE	✓		
SMITH, CLYDE	✓		
THOMAS, FRED	✓		
WALLIN, NORM	✓		
PAUL VERDON	✓		

ROLL CALL VOTE

BUSINESS AND ECONOMIC DEVELOPMENT

COMMITTEE

DATE

2/16/89

BILL NO.

437

NUMBER

NAME

AYE

NAY

Bob Pavlovich

Bob Bachini

Rob Blotkamp

Gene DeMars

Bill Glaser

Stella Hansen

John Johnson

Vernon Keller

Tom Kilpatrick

Lloyd McCormick

Thomas Nelson

Bruce Simon

Clyde Smith

Don Steppler

Fred Thomas

Norm Wallin

TALLY

18

Sue Pennington

Secretary

Bob Pavlovich

Chairman

MOTION:

Bachini - 18 ps

STANDING COMMITTEE REPORT

February 16, 1989

Page 1 of 1

Mr. Speaker: We, the committee on Business and Economic Development report that House Bill 437 (first reading copy -- white) do pass .

Signed: Robert Pavlovich, Chairman

"AN ACT REVISING THE LAWS GOVERNING THE PRACTICE OF PODIATRY, DEFINING THE SCOPE OF PODIATRY PRACTICE; AND AMENDING SECTIONS 37-6-101 AND 37-6-102, MCA."

#1
NB's 437
438
2/16/8

1. Revise the language to meet the current practice and education levels of present and future podiatrists.
2. Clarify the 'scope of practice' and the definition of the 'functional foot'.
3. To allow the full scope of practice relating to the continued educational improvements, and understanding of the functional foot.
4. To insure the public the delivery of 'all inclusive' foot care, by the most intensively trained in the specialty of foot care.

1. This revised language is continually in need of updating due to the astounding rate at which medical advancements are being made. When the initial practice act was written, much of the medical technology and diagnostic tools used by today's practicing podiatrists had yet to be developed. Our profession is continually up-grading its' educational base both at the graduate and post-graduate level, and will certainly continue to do so well into the future. To require modern podiatric physicians and surgeons to practice within the letters of educationally out-dated laws is limiting to the publics well-being.

While it may be argued that a revision of the existing law will allow an extreme expansion in the boundries of the body in which a podiatrist may practice, it MUST be pointed out that the 'functional human foot' is not an isolated entity in and of, itself. It is a complex functional unit of extreme intricacy that has as many, or more, muscles originating in the lower leg (below the knee) as it does within the foot itself. (NOTE: Chart on blue page)

Some may argue that with the revised law, podiatrists may be tempted to perform vascular, nerve, or other highly skilled procedures in the lower leg. While conceivably this is true, our present system dictates that a physician and surgeon of any specialty must undergo training, credentialling, proctoring, and the on-going process of peer-review in any hospital setting.

Another argument that may arise is that podiatric practitioners may perform some of the beforementioned procedures in his (or her) own office. We would suggest that this line of reasoning is totally without merit. Due in part, to the highly technological equipment which is required.

2. The clarification of the 'scope of practice' again, is to eliminate the continual need to modify the existing laws as technological advancements dictate.
3. The definition of the 'functional foot' is a necessary revision, not only to insure that the most inclusive and definitive treatment is rendered to the foot, but to allow existing expertise to be rendered without creating a "grey area", (a legal language trap), with the possibility of misinterpretation by the legal community. Thus, allowing the professional liability companies the ability to defend the podiatrist, without limitations.
4. 80% of Americans will some day require foot care. In the interest of this public, the profession wishes to be unencumbered by the antiquity of the existing laws, and to be allowed to deliver the most advanced medical care and technology, by the most intensively trained in the specialty of feet.

of the foot during this time, causing some supination around the midtarsal joint axes. *M. flexor digitorum longus* has some inconsistent activity during this phase, probably related to helping *M. tibialis posterior* decelerate subtalar joint pronation (Fig. 2.10).

Summary of Contact Phase

The important elements occurring during contact phase are: (a) sagittal plane shock absorption by knee flexion and ankle joint plantarflexion, (b) absorption of internal leg rotation through subtalar joint prona-

tion, and (c) smooth transfer of body weight onto the contact limb.

Midstance

This is the portion of the gait cycle from 15% until the heel comes off the ground at 40%. The opposite foot has left the floor, and it is necessary for the body to maintain its balance over the single supporting limb and continue smooth progression of the center of gravity forward.

LEG MUSCLES (11)

FOOT MUSCLES (9)

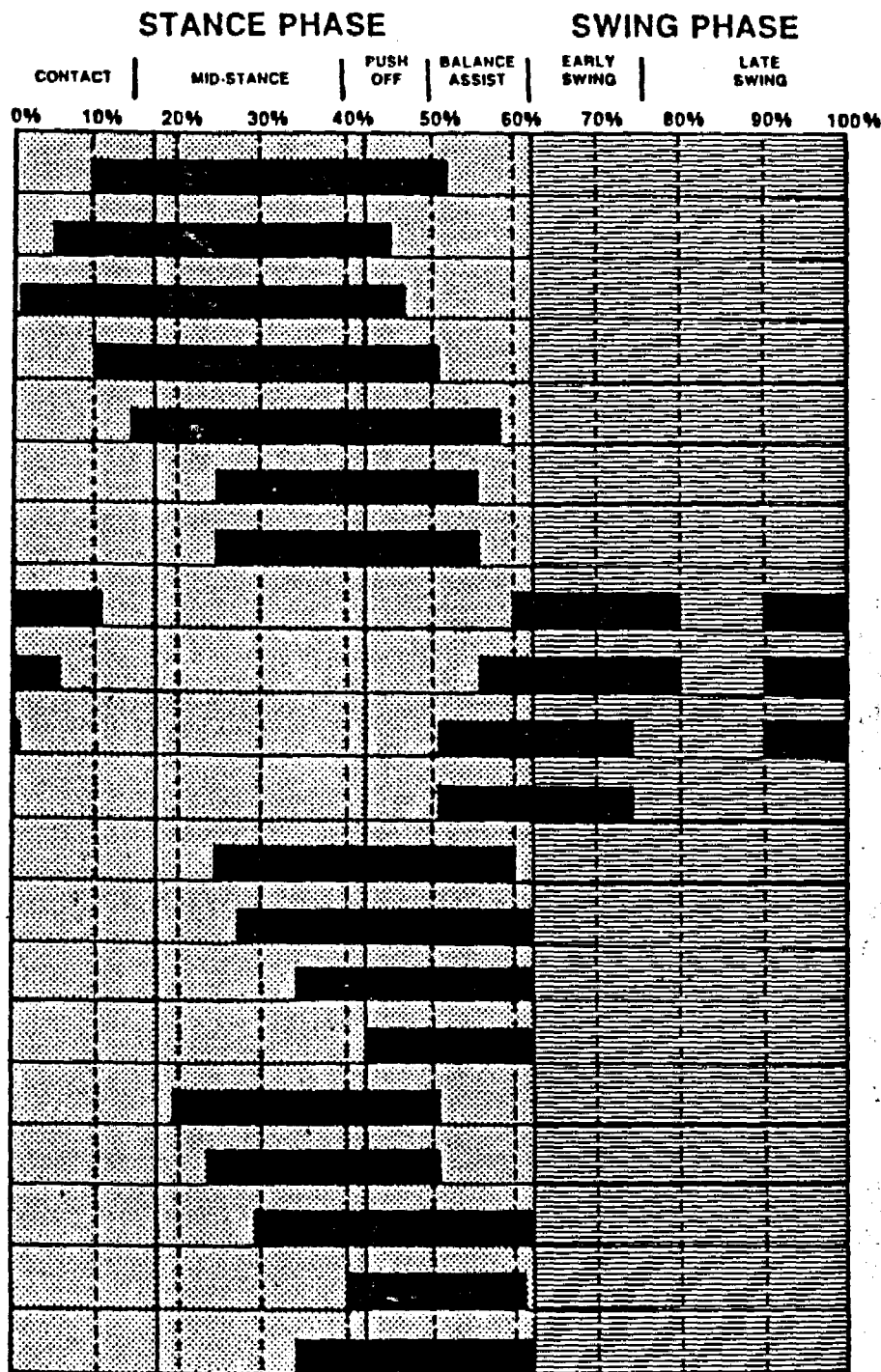


Figure 2.10. Phasic muscular activity. Graphic representation of muscular activity related to gait cycle.

WITNESS STATEMENT

NAME Dr Charles Junning BILL NO. SB-437-438

ADDRESS 1300 28th Street West St. Falls, Mt

WHOM DO YOU REPRESENT? 59465

SUPPORT X OPPOSE _____ AMEND _____

COMMENTS: _____

attached

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

3-438
439

GREAT FALLS ORTHOPAEDIC ASSOCIATES
PHYSICIANS' PROFESSIONAL CENTER, SUITE 5
1300 28TH STREET SOUTH
GREAT FALLS, MONTANA 59405
TELEPHONE (406) 761-1410

IB
R13 V37-4
2/16/89

J. W. BLOEMENDAAL, M.D.
PAUL M. MELVIN, M.D.

CHARLES D. JENNINGS, M.D.
SURGERY OF THE HAND

January 30, 1989

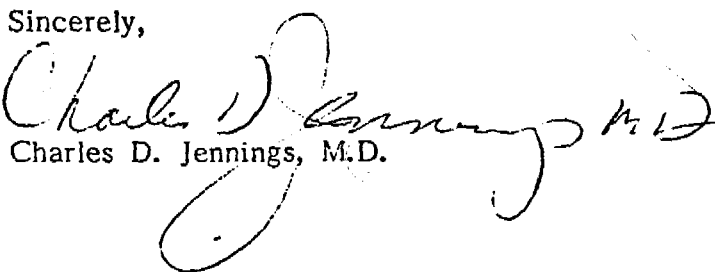
Mr. Rich. Tucker
156 Fairway Drive
Helena, Montana 59601

Dear Mr. Tucker:

I am writing this letter in support of a bill for an act entitled "An Act To Prohibit A Hospital, Except A Hospital That Employs Its Medical Staff, From Denying Staff Membership Or Privileges to Osteopaths and Podiatrists Because They Are Not Medical Doctors And Amending Section 50-5-105, MCA." Furthermore, I am writing in support of a second bill for an act entitled "An Act Revising The Laws Governing The Practice of Podiatry; Defining The Scope of Podiatry Practice; and Amending Sections 37-6-101 And 37-6-102, MCA."

I have worked closely for several years with a colleague, Dr. James Clough, who is a podiatrist. Based upon my knowledge of his work as well as a careful examination of the proposed bills, I feel that they should be passed as they have been amended.

Sincerely,


Charles D. Jennings, M.D.

CDJ:gg

(This sheet to be used by those testifying on a bill.)

NAME: James Clough DATE: 2, 16, 89

ADDRESS: 1416 Third Avenue North Great Falls

PHONE: 727-4548 (Home) 761-2222 (Office)

REPRESENTING WHOM? Montana Podiatric Medical Association

APPEARING ON WHICH PROPOSAL: Bill 437

DO YOU: SUPPORT? X AMEND? OPPOSE?

COMMENT: see attached

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY



MONTANA PODIATRIC MEDICAL ASSOCIATES, P.C.

James G. Clough, D.P.M.
David B. Hugbner, D.P.M.

2/14/89

Reconstructive Foot Surgery
Preventive Sports Medicine
Children's Gait Clinic
Diabetic Foot Care

BILL 437

I, like many of my colleagues present today, have received extensive training in the care of foot problems. We have four year colleges, then podiatry school where the four year curriculum deals extensively with the human foot. Many of us, like myself, have also had postgraduate training in the surgical management of foot pathology. Our training is comprehensive relative to the management of foot problems. When different specialists are necessary for proper management, they are available and consulted. We work with a team approach, attending to the best interests of our patients.

Bill 437 would allow us to address the full scope of foot pathology. It would more clearly delineate the anatomical limitation of our practice and allow us to carry on the type of care which would be in our patients best interest.

The intention of legislature of this nature, I am sure, is not to limit those podiatrists trained in providing comprehensive foot care, but should represent the upper limitations of our profession. The law does not dictate that an orthopedic surgeon limit his practice to bone and musculoskeletal problems. However most do limit themselves because they do not have the expertise to be practicing other specialties. Likewise our podiatry scope should reflect similar purpose, that is, to provide a vehicle for well qualified practitioners to carry out comprehensive care and evaluation relating to the foot, which would be in the best interest of the public. Hospitals and other health care facilities will continue to carry the burden, as they do now, of credentialing practitioners. Credentialing of practitioners is not within the scope of the legislature, nor should it be a function of the legislature. I have submitted written testimony today from 2 orthopedic surgeons whom I personally have worked with. Both of these people can attest to the fact that I personally am qualified to carry out practice as described in this bill. I feel an unfair limitation has been placed on myself because of the present law. This needs to be revised.

I personally see the effect of this bill to have nothing but a positive effect on the care of podiatric patients and therefore feel that the public will be the main benefactor.

James G. Clough, D.P.M.

JGC:cms

(This sheet to be used by those testifying on a bill.)

#5
2/16/89
HB 437 + 458

NAME: Cleveland Smith DATE: 2/16/89

ADDRESS: 412 A 16th Helena

PHONE: 442-9378 0 442-9523

REPRESENTING WHOM? Montana Pottery Association

APPEARING ON WHICH PROPOSAL: HB 437

DO YOU: SUPPORT? X yes AMEND? _____ OPPOSE? _____

COMMENT: _____

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

THE FOOT BOOK



A Guide to Podiatric Care



Podiatry
Information
Library®

(This sheet to be used by those testifying on a bill.)

NAME: David Huebner, D.P.M. DATE: 2/16/89

ADDRESS: 1220 Central Ave, Suite 6D Great Falls

PHONE: (406) 454-0722

REPRESENTING WHOM? Montana Podiatric Medical Associates

APPEARING ON WHICH PROPOSAL: HB437

DO YOU: SUPPORT? ☒ AMEND? ☐ OPPOSE? ☐

COMMENT: See attached

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.



Reconstructive Foot Surgery
Preventive Sports Medicine
Children's Gait Clinic
Diabetic Foot Care

RE: HOUSE BILL 437

Dear Congressman:

The purpose of the proposed changes in this bill are to more accurately define the role of the podiatrist as a foot specialist. The current law unfairly limits the scope of practice for those podiatrists who have the training to treat every aspect of the foot. These changes will not give podiatrists carte blanche to perform treatments for which they are not qualified for proper credentialing by hospitals and medical centers will define an individual physician's privileges.

I, as well as other podiatrists in Montana, have completed intensive hospital based surgical residencies which have prepared us for surgical treatment of the entire functional foot. Passage of this bill will more clearly define the scope of practice and allow the podiatrist as a specialist of the entire foot to provide the best care possible to the people in their communities.

Sincerely,

David B. Huebner, D.P.M.

DBH:cms

WITNESS STATEMENT

NAME Scott DeMars DPM BILL NO. 437

ADDRESS 926 Main St. #8 Billings MT 59105

WHOM DO YOU REPRESENT? myself

SUPPORT ☒ OPPOSE ☐ AMEND ☐

COMMENTS: see attached letter

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

#7
MB43
2/16/

SCOTT G. DEMARS, D.P.M.
PODIATRIC PHYSICIAN AND SURGEON
926 MAIN STREET, SUITE 8, BILLINGS, MONTANA 59105
(406) 245-8122

January 31, 1989

Business, Economic, and Development Committee

RE: Legislative change for the Montana Podiatric Practice Act.
Bill Number 437. Defining the scope of Podiatric medical
practice.

This bill defines the scope of practice for a podiatrist, the physician or surgeon treating disorders of the human functional foot, by all systems and means. This will allow any properly licensed D.P.M. (Doctor of Podiatric Medicine) in the state of Montana to treat all disorders of the anatomical foot as well as any structure directly attached to the foot which affects the foot's function. This treatment may be done by any system or means for which the individual podiatrist is qualified to perform based on his or her training.

Thank you for your support of this bill.

Sincerely,

 DPM

Scott G. DeMars, DPM

rl

NAME WATKINS, R. F. T. G. BILL NO. AB-437-438
ADDRESS 2520 17th St West Billings, Mont
59102
WHOM DO YOU REPRESENT? ~~WATKINS~~
SUPPORT ✓ OPPOSE _____ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

Mathias H. Fettig, D.P.M.

Sports Medicine • Surgery of the Foot

January 30, 1989

BUSINESS ECONOMIC AND DEVELOPEMENT COMMITTEE

RE: Legislative change for Montana Podiatric Practice Act.

Bill #437: DEFINING THE SCOPE OF PODIATRIC MEDICAL PRACTICE.

The purpose of this bill is to define the scope of Podiatric medical service as a speciality having expertise in the care of the foot. Stating the Podiatrist may treat ailments of the human functional foot by all systems and means which are reasonable and customary within the state of Montana. Therefore, what we are asking is that the practitioner be able to practice within their scope of Podiatric medicine and surgery of the foot and treat the anatomical structure that influences the function and structure of that foot. Again, this scope of practice be based on each individuals training as well as their credentials within the hospital staff and community from which they practice in.

Thank you for the support of this bill.

Sincerely,


Mathias H. Fettig, DPM

DC2-162

MINUTES

MONTANA SENATE 51st LEGISLATURE - REGULAR SESSION

COMMITTEE ON PUBLIC HEALTH, WELFARE AND SAFETY

Call to Order: By Senator Tom Hager, on March 10, 1989, at 1:00 p.m., Room 410, State Capitol

ROLL CALL

Members Present: Senators Tom Hager, Chairman; Tom Rasmussen, Vice-chairman; J. D. Lynch, Matt Himsl, Bill Norman, Harry H. McLane, Bob Pipinich

Members Excused: None

Members Absent: None

Staff Present: Tom Gomez, Legislative Council
Dorothy Quinn, Committee Secretary

Announcements/Discussion: None

HEARING ON HOUSE BILL 437

Presentation and Opening Statement by Sponsor: Budd Gould, Representative from House District #61, stated that he is presenting two bills today. He stated that with his personal experience of being a diabetic, the second most important doctor to him is his podiatrist. Foot care is extremely important to a diabetic. It is vitally important that he go to a well-educated podiatrist who has the ability to take care of his feet. He believes the bills are self-explanatory, and bring Montana law into conformity with what our surrounding states have in effect.

List of Testifying Proponents and What Group they Represent:

Loren L. Rogers, D.P.M., Montana Podiatric Medical Association
James Clough, D.P.M., Montana Podiatric Medical Assoc.
Cleveland C. Smith, D.P.M., Podiatric Association
Mona Jamison, Montana Chapter, Physical Therapy Assoc.
Scott De Mars, D.P.M., Montana Podiatric Medical Assoc.
David B. Huebner, Montana Podiatric Medical Associates
Matt Fettig, D.P.M., Montana Podiatric Medical Assoc.
Rick Tucker, Montana Podiatric Medical Assoc.
William C. O'Reilly, D.P.M., Montana Podiatric Medical

Association

List of Testifying Opponents and What Group They Represent:

None

Testimony:

Loren L. Rogers, D.P.M., podiatric practitioner in Missoula for the past 15 years, stated he is past president of the Montana Podiatric Medical Association, represents the Northwest Region #7 of the National Podiatric Medical Association, past member of Board of Podiatric Medical Examiners and presently serves on the American Podiatric Medical Association House of Delegates and on the standing committee of Health and Welfare. He stated he is in support of HB 437. He read and presented written testimony to the committee which discussed four areas of consideration. (Exhibit #1)

Dr. James Clough from Great Falls stated he is the Secretary-Treasurer for the Montana Podiatric Medical Association speaking as a proponent for House Bill 437. He stated that all of his colleagues present today and he have received extensive training in the care of foot problems. He read and presented his written testimony to the committee (Exhibit #2).

Dr. Cleveland C. Smith, Helena, stated that his colleagues had said it well, and he believes they have no opposition as they did in the House. Therefore, he let his colleagues' words speak for him.

Mona Jamison, representing the Montana Chapter of the American Physical Therapist Association, stated they support this bill and think it is reasonable and that the statute must be changed. She urged passage of HB 437.

Dr. Scott DeMars, a podiatric practitioner from Billings, stated he is in agreement with his colleagues. He stated he is the newest podiatrist in Montana, practicing since November, and found it frustrating to come to Montana and find he cannot fully utilize his training. He submitted written testimony to the committee (Exhibit #3).

Dr. David B. Huebner, podiatrist practicing in Great Falls, stated he wished to express his support for HB 437. For the sake of expediency he added he supports the comments made by his colleagues in relation to this bill, and he feels that it will be in the best interest

of uniform podiatric care in the state of Montana if this bill is passed.

Dr. Matt Fetting, a podiatrist practicing in Billings, Montana, stated he is in support of HB 437. He stated he has practiced in the state for approximately one and a half years, coming from San Antonio, Texas. He found it somewhat frustrating in that he was one of 500 residents that trained in a multi-discipline environment; therefore, his expertise and training in surgical as well podiatric foot care was somewhat limiting without the hospital environment to work in conjunction with everyone. He feels this bill is in the best interest of their patients and they have patients who need the other multi-disciplines.

Rick Tucker, representing the Montana Podiatric Medical Association, stated that based upon his close association with Dr. James Clough, and a careful examination of HB 437 and HB 438, he is in favor of both bills being passed.

William Charles O'Reilly, D.P.M., of Billings, stated he is very much in favor of HB 437. He read and submitted his written testimony to the committee (Exhibit #4).

Questions From Committee Members: Senator Hims1 asked how many podiatrists are in the state. He was informed there are approximately fifteen at the present time.

Senator Norman asked if the Board of Medical Examiners supports HB 437. He was informed that Dr. Hamill supports the bill. Senator Norman then asked why the bill is needed. He was informed that it is an antiquated bill which says a podiatrist cannot amputate a toe. By not allowing a broad scope of practice, the current law is a limitation on their scope of training. Senator Norman and Dr. Rogers entered into a discussion regarding the definition of the anatomical foot. Senator Norman then asked why the Board of Medical Examiners cannot do this by rule. He stated there are physicians, public, podiatrists, etc. on the Board to make such definitions. Dr. Cleveland Smith stated it was his understanding that the existing law was limiting. Senator Norman stated it was not limiting - it says "human foot". Dr. Clough stated that the present law as it defines human foot, is interpreted as meaning anatomical foot. They do proceedings on the foot which are affected by the function of the lower leg muscles. Dr. Norman and Dr. Clough engaged in a technical discussion regarding foot and leg muscles. Dr. Clough stated their intention in the bill did not

include treatment above the knee.

Senator Hager stated that it was pointed out by staff that in 1987 the language "may not amputate the human foot or toe" was inserted. He asked if any here present were involved with that amendment.

Dr. Fetting advised that when he came to Montana to practice, his role was not totally defined. He stated the word limitation indicates there is a boundary line. The word scope means it is within an encompassing factor. Therefore, they are asking that the wording be changed from limitation to scope. He further stated the words "anatomical" and "functional" are in a grey zone.

Senator Rasmussen noted that on Page 1, lines 13, 14 and 15, the definition of podiatry is stricken. He asked why that was done. Dr. Smith replied that the list was stricken to allow for technological advances, such as lasers; if such an advancement was not listed, they could not use since it could be questioned legally.

Senator Hager asked if this was model legislation, or did an attorney draw up this bill. Dr. Smith stated it closely follows the Washington bill and the national effort. Senator Hager added that by striking the definition of podiatry in 37-6-101, further parts of the law have been affected that rely on that definition. Dr. Smith stated that later in the law it is stated that podiatrists are allowed to practice by all systems and means, and they believed the language was redundant. Senator Hager said he would have the staff review it further.

Senator Norman stated that without a definition of podiatry they have no definition of who they are in this state.

Senator Hager stated the bill would require some further work.

Closing by Sponsor: Representative Budd Gould stated that in 1987 Attorney John Poston provided information to him to turn into the Legislative Council to be drafted for the Board of Medical Examiners, and they felt the term "scope" should be the terminology. Dorothy Cody carried the bill in 1987.

Hearing closed on House Bill 437.

HEARING ON HOUSE BILL 438

Presentation and Opening Statement by Sponsor: Budd Gould,

Recommendation and Vote: Senator Norman made a MOTION THAT THE AMENDMENTS FOR HB 437 BE ADOPTED. Senators in favor, 6; opposed, 0. AMENDMENTS ADOPTED.

Senator Rasmussen made a MOTION THAT HOUSE BILL 437 BE CONCURRED IN AS AMENDED. Senators in favor, 6; opposed, 0.

Senator Rasmussen will carry HB 437 to the floor of the Senate.

EXECUTIVE ACTION ON HOUSE BILL 438

Chairman Hager called for action on HB 438: Chairman Hager advised that HB 438 is an act to prohibit a hospital from denying staff membership or privileges to osteopaths and podiatrists because they are not medical doctors.

Discussion: None

Recommendation and Vote: Senator Rasmussen made a MOTION THAT HOUSE BILL 438 BE CONCURRED IN. Senators in favor, 6; opposed, 0. HB 438 IS CONCURRED IN.

EXECUTIVE ACTION ON HOUSE BILL 654

Chairman Hager called for action on HB 654: At the request of Senator Rasmussen the status of HB 654 was discussed. This bill would require certain liquor licensees to display a sign on the premises that warns of the effects of drinking alcohol during pregnancy. Senator Hager informed that HB 654 was tabled by a vote of 4 to 1 on March 3, 1989.

Discussion: Senator Pipinich stated he would not vote in favor of that bill because he believes it is unfair for the Department of Health to force tavern owners to post signs telling women not to drink. He believes the responsibility of informing lies with the doctors and with husbands, not with the Tavern Association.

Senator Hager stated it was his understanding that sometime this summer Federal legislation will come into effect that requires notice of warning to pregnant women on containers of alcohol.

Recommendation and Vote: Senator Rasmussen made a MOTION THAT THE COMMITTEE'S ACTION ON HB 654 BE RECONSIDERED. Senators in favor, 1 (Rasmussen); opposed, 5. MOTION

EXECUTIVE ACTION ON HOUSE BILL 197

Chairman Hager called for action on HB 197: This bill is an act to revise the procedure for the voluntary admission of minors to a mental health facility.

Discussion: Upon a request from Senator Lynch, Tom Gomez explained the amendment as it applied in the procedure of voluntary admission of a minor. He stated the amendment provides that the minor has a choice of individuals whom he might contact to discuss the meaning of his/her action in consenting to the admission or discharge, and that the mental health facility shall provide access to such agency or person. Copy of the amendments is attached (Exhibit #11).

Senator Lynch questioned why this amendment was not added in the House.

Senator Pipinich stated he wondered why the parent or guardian would not be notified. Senator Norman stated he believed they are addressing the concern of those whose situation cries for some third party to come in and sit down and really talk to the youngster.

Senator Hager stated that as he understands it, they put the rights of the minor in the law.

Senator McLane stated he believed the amendments needed further study.

Recommendation and Vote: Senator Norman made a MOTION THAT HB 197 BE PASSED FOR THE DAY FOR FURTHER CONSIDERATION. Senators in favor, 5; opposed, 0. MOTION PASSED.

EXECUTIVE ACTION ON HOUSE BILL 437

Chairman Hager called for action on HB 437: Senator Hager stated that HB 437 is an act revising the laws governing the practice of podiatry by defining the scope of podiatry practice.

Discussion: Senator Hager advised there are amendments to this bill. Tom Gomez explained these were technical amendments to try to clarify this bill. The first amendment defined "Podiatry". A copy of the amendments are included (Exhibit #12).

ROLL CALL

PUBLIC HEALTH

COMMITTEE

51st LEGISLATIVE SESSION -- 1989

Date 3/10/89

NAME	PRESENT	ABSENT	EXCUSED
Sen. Tom Hager	X		
Sen. Tom Rasmussen	X		
Sen. Lynch	X		
Sen. Hims1	X		
Sen. Norman	X		
Sen. McLane	X		
Sen. Pioinich	X		

Each day attach to minutes.

SENATE STANDING COMMITTEE REPORT

March 13, 1989

MR. PRESIDENT:

We, your committee on Public Health, Welfare, and Safety, having had under consideration HB 437 (third reading copy -- blue), respectfully report that HB 437 be amended and as so amended be concurred in:

Sponsor: Gould (Rasmussen)

1. Page 1, line 16.

Following: line 15

Insert: "(1) "Podiatry" means the diagnosis and treatment of ailments of the human functional foot as provided in 37-6-102."

Renumber: subsequent subsections

2. Page 1, line 17.

Following: "to"

Insert: "diagnose and"

Following: "of the"

Insert: "human functional"

3. Page 1, line 24.

Following: "may"

Insert: "diagnose and"

AND AS AMENDED BE CONCURRED IN

Signed: _____

Thomas O. Hager, Chairman

100-151

Revised 12/8
"AN ACT REVISING THE LAWS GOVERNING THE PRACTICE OF PODIATRY, DEFINING THE SCOPE OF PODIATRY PRACTICE; AND AMENDING SECTIONS 37-6-101 AND 37-6-102 ~~SENATE~~ HEALTH & WELFARE

EXHIBIT NO. #1

DATE 3/10/8

BILL NO. #477

1. Revise the language to meet the current practice and education levels of present and future podiatrists.
2. Clarify the 'scope of practice' and the definition of the 'functional foot'.
3. To allow the full scope of practice relating to the continued educational improvements, and understanding of the functional foot.
4. To insure the public the delivery of 'all inclusive' foot care, by the most intensively trained in the specialty of foot care.

1. This revised language is continually in need of updating due to the astounding rate at which medical advancements are being made. When the initial practice act was written, much of the medical technology and diagnostic tools used by today's practicing podiatrists had yet to be developed. Our profession is continually up-grading its' educational base both at the graduate and post-graduate level, and will certainly continue to do so well into the future. To require modern podiatric physicians and surgeons to practice within the letters of educationally out-dated laws is limiting to the publics well-being.
While it may be argued that a revision of the existing law will allow an extreme expansion in the boundries of the body in which a podiatrist may practice, it MUST be pointed out that the 'functional human foot' is not an isolated entity in and of, itself. It is a complex functional unit of extreme intricacy that has as many, or more, muscles originating in the lower leg (below the knee) as it does within the foot itself. (NOTE: Chart on blue page)
Some may argue that with the revised law, podiatrists may be tempted to perform vascular, nerve, or other highly skilled procedures in the lower leg. While conceivably this is true, our present system dictates that a physician and surgeon of any specialty must undergo training, credentialling, proctoring, and the on-going process of peer-review in any hospital setting.

Another argument that may arise is that podiatric practitioners may perform some of the beforementioned procedures in his (or her) own office. We would suggest that this line of reasoning is totally without merit. Due in part, to the highly technological equipment which is required.

2. The clarification of the 'scope of practice' again, is to eliminate the continual need to modify the existing laws as technological advancements dictate.
3. The definition of the 'functional foot' is a necessary revision, not only to insure that the most inclusive and definitive treatment is rendered to the foot, but to allow existing expertise to be rendered without creating a "grey area", (a legal language trap), with the possibility of misinterpretation by the legal community. Thus, allowing the professional liability companies the ability to defend the podiatrist, without limitations.
4. 80% of Americans will some day require foot care. In the interest of this public, the profession wishes to be unencumbered by the antiquity of the existing laws, and to be allowed to deliver the most advanced medical care and technology, by the most intensively trained in the specialty of feet.

of the foot during this time, causing some supination around the midtarsal joint axes. M. flexor digitorum longus has some inconsistent activity during this phase, probably related to helping M. tibialis posterior decelerate subtalar joint pronation (Fig. 2.10).

Summary of Contact Phase

The important elements occurring during contact phase are: (a) sagittal plane shock absorption by knee flexion and ankle joint plantarflexion, (b) absorption of internal leg rotation through subtalar joint pronation, and (c) smooth transfer of body weight onto the contact limb.

Midstance

This is the portion of the gait cycle from 15% until the heel comes off the ground at 40%. The opposite foot has left the floor, and it is necessary for the body to maintain its balance over the single supporting limb and continue smooth progression of the center of gravity forward.

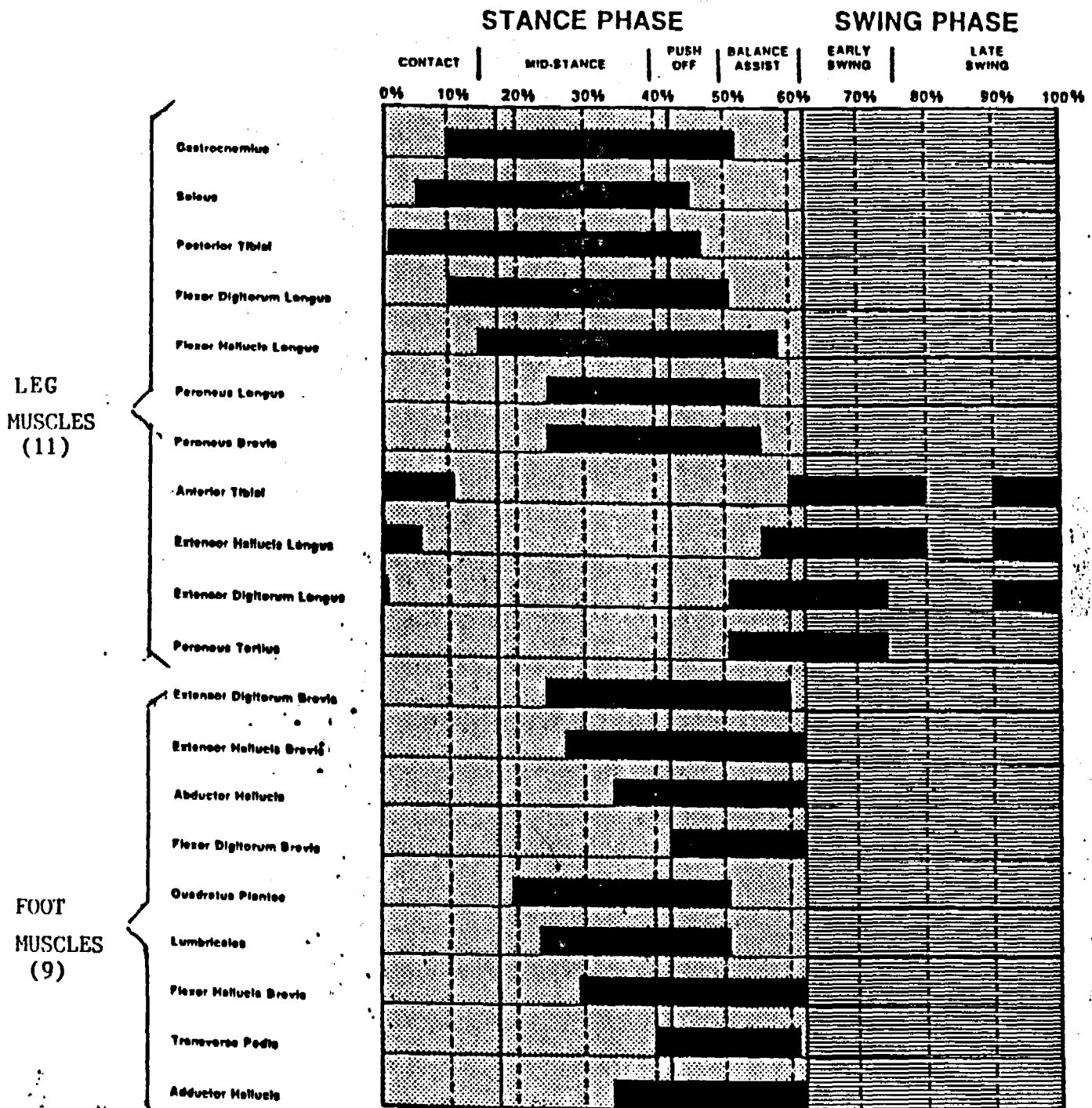


Figure 2.10. Phasic muscular activity. Graphic representation of muscular activity related to gait cycle.



MONTANA PODIATRIC MEDICAL ASSOCIATES, P.C.

Reconstructive Foot Surgery
Preventive Sports Medicine
Children's Gait Clinic
Diabetic Foot Care

BILL 437

SENATE HEALTH & WELFARE

EXHIBIT NO. #2

DATE 3/10/89

BILL NO. #437

James G. Clough, D.P.M.
David B. Huebner, D.P.M.

I, like many of my colleagues present today, have received extensive training in the care of foot problems. We have four years of college, then podiatry school where the four year curriculum deals extensively with the human foot. Many of us, like myself, have also had postgraduate training in the surgical management of foot pathology. Our training is comprehensive relative to the management of foot problems. When different specialists are necessary for proper management, they are available and consulted. We work with a team approach, attending to the best interests of our patients.

The law, as it presently reads, does not allow modern podiatric practice which is consistent with our training. The two orthopedic surgeons whose testimony has been submitted can attest to this.

Credentiailling of individual practitioners will continue to be the function of the hospitals where podiatrists are working. It is unreasonable to assume, for instance, that complex neurovascular surgery would be attempted by a podiatrist outside of a hospital environment due to the inconceivable equipment investment and liability. Hospitals will continue to control the podiatrist based on their education, training, experience, and demonstrated competence as they judge all other practitioners. Most M.D. and D.O. practitioners do not have the same limitations as posed to podiatry. Their licenses are unlimited in their scope. However, most limit their scope of practice because of their training and expertise. The same can be expected of podiatry.

I am sure it is no ones intention to prohibit a practitioner from practicing as he or she is trained. Unfortunately, this is the current situation.

I personally see this bill as having only a positive effect on podiatric patients and hope you have the same feeling. In the publics best interest I hope you will support this bill.

James G. Clough, D.P.M.

JGC:cms

SCOTT G. DEMARS, D.P.M.
PODIATRIC PHYSICIAN AND SURGEON
926 MAIN STREET, SUITE 8, BILLINGS, MONTANA 59105
(406) 245-8122

SENATE HEALTH & WELFARE
EXHIBIT NO. # 3
DATE 3/10
BILL NO. HB 437

March 8, 1989

Senate Committee on Public Health,
Welfare, and Safety

RE: Bill #437 Legislative change for the Montana Podiatric
Practice Act. Defining the scope of podiatric medical
practice.

This bill defines the scope of practice for a podiatrist (the physician or surgeon treating disorders of the human functional foot) by all systems and means. This will allow any properly licensed podiatric physician in the state of Montana to treat all disorders of the anatomical foot as well as any structure directly attached to the foot which effects the foots function. This treatment may be done by any system or means for which the individual podiatrist is qualified to perform based on his or her training. Many podiatrists, myself included, have completed a hospital based surgical residency program and under the current scope of practice law we are unfairly limited in how we may treat the foot. This bill would allow us to fully utilize our training and provide the best possible care to our patients.

Thank you for your support of this bill.

Sincerely,

Scott G. DeMars, DPM

Scott G. DeMars, DPM
rl

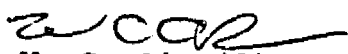
SENATE HEALTH & WELFARE

EXHIBIT NO. #4DATE 3/10BILL NO. 437

COMMENTS ON THE PRACTICE ACT OF PODIATRY

Presently, the Practice Act reads "Podiatry means the diagnosis, medical, surgical, mechanical, manipulative, radiological, and electrical treatment of ailments of the human foot." The present Act will simplify the statement in stating that a podiatrist may treat ailments of the human functional foot by all systems and means. The Bill goes on and describes what the "functional foot" consists of. This Bill will help in some of the gray areas regarding the practice of podiatry. An example would be the repair or the lengthening of the Achilles tendon, in certain surgical procedures. It is my hope that the decision as to whether a podiatrist is able to perform this foot surgery, is based on his training rather than being left to a questionable area of whether it is foot surgery or leg surgery. There is a second incentive that I have for passage of this Bill. This second incentive is the future recruitment of well trained podiatrists for the Montana people. It is difficult to recruit an individual to Montana when he will not be able to practice his acquired skills to the full amount. Other states with different practice acts, then become more desirable.

It is my hope that with passage of this Bill, we will be able to recruit well trained podiatrists to Montana in the future. In addition, I would hope that the ability of an individual to perform a given foot surgery will be determined by his training and credentials and that gray areas within the Practice Act of Podiatry, can be eliminated.



W. C. O'Reilly, D.P.M.

WCO/jkl

Amendments to House Bill No. 437
Third Reading Copy

For the Senate Public Health, Welfare and Safety Committee

Prepared by Tom Gomez, Staff Researcher
March 10, 1989

1. Page 1, line 16.

Following: line 15

Insert: "(1) "Podiatry" means the diagnosis and treatment of ailments of the human functional foot as provided in 37-6-102."

Renumber: subsequent subsections

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Insert: "diagnose and"

Following: "of the"

Insert: "human functional"

3. Page 1, line 24.

Following: "may"

Insert: "diagnose and"

Yusuf Ali

C

C.

ROLL CALL VOTE

PUBLIC HEALTH

SENATE COMMITTEE _____

HB

Date 3/10/89 Bill No. 437 Time _____

NAME	YES	NO
Sen. Tom Hager	X	
Sen. Tom Rasmussen	X	
Sen. J.D. Lynch	-	
Sen. Matt Himsel	X	
Sen. Bill Norman	X	
Sen. Harry McLane	X	
Sen. Bob Pipinich	X	

Dorothy Quinn

Tom Hager

Secretary

Chairman

Motion: Sen. Rasmussen Moved that
HB 437 Be Concurred in as
amended. In favor, 6
Opposed, 0

ROLL CALL VOTE

SENATE COMMITTEE PUBLIC HEALTH

Date 3/10/89 Bill No. HB 437 Time

NAME	YES	NO
Sen. Tom Hager	✓	
Sen. Tom Rasmussen	✓	
Sen. J. D. Lynch	-	
Sen. Matt Himsl	✓	
Sen. Bill Norman	✓	
Sen. Harry McLane	✓	
Sen. Bob Pipinich	✓	

D. Quinn

Tom Hager

Secretary

Chairman

Motion: Senator Norman made Motion THAT
AMENDMENTS for HB 437 BE ADOPTED.
In favor 6, opposed 0